



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000812					
1. Entity Name NEW ARENA SQUARE NORTH & SOUTH, LTD.					
Principal Place of Business 1023 N.W. 3RD AVENUE MIAMI, FL 33136			Mailing Address 1023 N.W. 3RD AVENUE MIAMI, FL 33136		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0673627	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YUKEN, SALOMON 10101 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154			Name		
			Street Address (P O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$7,500,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000036875		STREET ADDRESS		
NAME	NEW ARENA SQUARE CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	750 COLLINS AVE., APT. 1				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
DOCUMENT #			STREET ADDRESS	U00000145221	
NAME			CITY-ST-ZIP	05/03/04-80018-003 535.00	
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 		SALOMON YUKEN		04-21-05 (305) 372-1383	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	



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